

Approved for use through

Type a plus sign (+) inside this box - > ☐

Patent and Trademark Office:  
U.S. DEPARTMENT OF COMMERCE

<div style="display: flex; justify-content: space-between;"><div>0010/PTO Rev. 6/95</div><div>U.S. Department of Commerce Patent and Trademark Office</div></div> <div style="text-align: center; margin-top: 20px;"><h2>DECLARATION</h2></div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"><div><input checked="" type="checkbox"/> Declaration Submitted With Initial Filing</div><div>OR <input type="checkbox"/> Declaration Submitted after Initial Filing</div></div>	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">Attorney Docket Number</td><td style="width: 50%;">12939/003</td></tr><tr><td>First Named Inventor</td><td>Mike Kunze, et al.</td></tr><tr><td colspan="2" style="text-align: center;"><b>COMPLETE IF KNOWN</b></td></tr><tr><td>Application Number</td><td></td></tr><tr><td>Filing Date</td><td></td></tr><tr><td>Group Art Unit</td><td></td></tr><tr><td>Examiner Name</td><td></td></tr></table>	Attorney Docket Number	12939/003	First Named Inventor	Mike Kunze, et al.	<b>COMPLETE IF KNOWN</b>		Application Number		Filing Date		Group Art Unit		Examiner Name												
Attorney Docket Number	12939/003																									
First Named Inventor	Mike Kunze, et al.																									
<b>COMPLETE IF KNOWN</b>																										
Application Number																										
Filing Date																										
Group Art Unit																										
Examiner Name																										
<p>As below named Inventor, I hereby declare that:</p> <p>My residence, post office address, and citizenship are as stated below next to my name.</p> <p>I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:</p> <p><b>SENSOR ELEMENTS WITH CANTILEVERED BAR STRUCTURES MADE OF SEMICONDUCTORS BASED ON A GROUP III-NITRIDE</b></p> <p style="text-align: center;"><i>(Title of the Invention)</i></p> <p>the specification of which</p> <p><input checked="" type="checkbox"/> is attached hereto</p> <p>OR</p> <p><input type="checkbox"/> was filed on (MM/DD/YYYY) <input type="text"/> as United States Application Number or PCT International Application Number</p> <p><input type="text"/> and was amended on (MM/DD/YYYY) <input type="text"/> (if applicable)</p> <p>I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56</p> <p>I hereby claim foreign priority benefits under Title 35, United States Code § 19(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th rowspan="2">Prior Foreign Application Number(s)</th><th rowspan="2">Country</th><th rowspan="2">Foreign Filing Date (MM/DD/YYYY)</th><th rowspan="2">Priority Not Claimed</th><th colspan="2">Copy Attached?</th></tr><tr><th>YES</th><th>NO</th></tr></thead><tbody><tr><td>PCT/EP2004/002817</td><td>WIPO</td><td>03/18/2004</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>DE 103 11 757.1</td><td>Germany</td><td>03/18/2003</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr></tbody></table> <p><input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:</p> <p>I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 30%;">Application Number(s)</th><th style="width: 30%;">Filing Date (MM/DD/YYYY)</th><th rowspan="2" style="width: 40%; text-align: center;"><input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.</th></tr></thead><tbody><tr><td style="height: 50px;"></td><td></td></tr></tbody></table>		Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached?		YES	NO	PCT/EP2004/002817	WIPO	03/18/2004	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DE 103 11 757.1	Germany	03/18/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.		
Prior Foreign Application Number(s)	Country					Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached?																		
		YES	NO																							
PCT/EP2004/002817	WIPO	03/18/2004	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																					
DE 103 11 757.1	Germany	03/18/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																					
Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.																								

## DECLARATION

Page 2

I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Firm Name	<b>Brinks Hofer Gilson &amp; Lione</b>	Payor Number (if applicable)	27879
Name	Registration Number	Name	Registration Number
A. James Richardson	26,983		
Lawrence A. Steward	32,309		
David H. Badger	22,597		
Sanders N. Hillis	45,712		
Michael E. Wever	43,984		
Nicholas M. Boivin	45,650		

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

<input checked="" type="checkbox"/> Please direct all correspondence to:	Name	A. James Richardson		
Address <b>BRINKS HOFER GILSON &amp; LIONE</b>				
Address <b>One Indiana Square, Suite 1600</b>				
City	Indianapolis	State	Indiana	ZIP 46204
Country	U.S.A.	Telephone	317-636-0886	Fax 317-634-6701

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor.						
Given Name	Mike	Middle Initial	Family Name	Kunze	Suffix			
Inventor's Signature					Date			
RESIDENCE: City	Senden	State		Country	Germany	Citizenship DE		
POST OFFICE ADDRESS		Heimstr. 16						
City	Senden	State		ZIP	D-89250	Country Germany	Applicant Authority	

☒ Additional inventors are being named on supplemental sheet(s) attached hereto.

DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet				
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor.									
Given Name	Ingo	Middle Initial		Family Name	Daumiller			Suffix						
Inventor's Signature							Date							
RESIDENCE: City		Dietenheim		State			Country	Germany		Citizenship	DE			
POST OFFICE ADDRESS			Obere Weiherstrasse 1											
City	Dietenheim		State			ZIP	D-89165		Country	+Germany		Applicant Authority		
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor.									
Given Name	Peter	Middle Initial		Family Name	Benkart			Suffix						
Inventor's Signature							Date							
RESIDENCE: City		Stotzard		State			Country	Germany		Citizenship	DE			
POST OFFICE ADDRESS			Kirchbergstrasse 12											
City	Stotzard		State			ZIP	D-86447		Country	Germany		Applicant Authority		
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor.									
Given Name	Erhard	Middle Initial		Family Name	Kohn			Suffix						
Inventor's Signature							Date							
RESIDENCE: City		Ulm/Lehr		State			Country	Germany		Citizenship	DE			
POST OFFICE ADDRESS			Radgebweg 21											
City	Ulm/Lehr		State			ZIP	D-89081		Country	Germany		Applicant Authority		
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor.									
Given Name			Middle Initial		Family Name				Suffix					
Inventor's Signature							Date							
RESIDENCE: City				State			Country			Citizenship				
POST OFFICE ADDRESS														
City			State			ZIP			Country			Applicant Authority		
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor.									
Given Name			Middle Initial		Family Name				Suffix					
Inventor's Signature							Date							
RESIDENCE: City				State			Country			Citizenship				
POST OFFICE ADDRESS														
City			State			ZIP			Country			Applicant Authority		
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto.														